

# insight

ISSUE 15 SUMMER 2012



**Another milestone achieved**

**All about Martin**

**Caring for you**

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# Welcome



In this latest edition of insight we're sharing one young patient's experience of critical care. Martin Graham was diagnosed with a rare illness, and he spent seven weeks in our intensive care unit. It is an uplifting story. Martin showed great courage and was a very popular patient with staff who worked so hard to get him back on his feet again.

*New Dermatology Unit opens*

Over 5,000 people have signed up to become members of the NHS Foundation Trust, which is fantastic and exceeds the target number we set ourselves to achieve by 1 June. We need your help to reach at least 6,000, so please continue to encourage anyone you know to sign up and get involved in our future.

Read the story about a visit to Ghana by one of our Consultant Surgeons, John Budd, and get a glimpse of what conditions are like for some patients in West Africa. Perhaps after reading, we will have an even greater appreciation for the quality of, and accessibility to, our own National Health Service.

## Anita Houlding

Editor / Senior Communications Officer

## Editorial dates 2012

You can send your articles for insight via email to [anita.houlding@nhs.net](mailto:anita.houlding@nhs.net) or [RUHcommunications@nhs.net](mailto:RUHcommunications@nhs.net) or you can send a paper copy via the internal mail. Deadline for copy for next issue is **1 August** for publication early in September.

## Contributors



**Dr Tim Cook**  
Consultant Anaesthetist

**All about Martin p8**



**Jackie Strange**  
Senior Sister

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**Mr John Budd**  
Consultant Surgeon

**'Netting' surgical care p13**

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# Excited about the f

## Another milestone achieved

We are delighted to announce that we have passed the first stage towards becoming an NHS Foundation Trust. Our application is currently being considered by the Department of Health and it will be around three months before it goes through to the final stage in the process. Our ambition is then to be authorised as an NHS FT by the end of the financial year.

## Our future in your hands

The number of local people interested in playing a vital role in the future of our hospital continues to grow.

Over 5,000 people have signed up to become members of the NHS Foundation Trust so far. Please continue to encourage anyone you know to sign up; friends, family, neighbours, the local newsagent, your dentist, doctor, or the postman – anyone you come into contact with on a daily basis – all are welcome.

As a membership organisation, it is crucial that our members are representative of the communities we serve and that membership continues to grow. Thanks to the diligence of our recruitment team – Team Purple – membership is being boosted by an average of 180 people a week. In their distinctive purple t-shirts, the team has been speaking to patients and visitors to explain



Team Purple: l-r Jemma Flower and Katie Hulin welcoming new members

what membership is all about and to encourage them to get involved.

Team Purple member Katie Hulin says that it is clear that people are eager to help shape local healthcare: "It is wonderful to see the enthusiasm that so many people have to become NHS Foundation Trust members. They really care about the welfare of the hospital and their community, and relish the opportunity to have their say and make a difference."

## Don't miss a thing

As an NHS Foundation Trust member, you choose how involved you want to be. You may simply wish to be kept up-to-date with current events by receiving our regular magazine, or you can be more proactive, and share your experiences and ideas with hospital staff at events like the 'Caring for You' sessions.

## Contact us

Please contact us via any of the following numbers or addresses for more information:

01225 821299

RUHmembership@nhs.net

www.ruh.nhs.uk/foundationtrust

FREEPOST RSLZ-GHKG-UKKL, FT Membership Office, Royal United Hospital Bath NHS Trust, Combe Park, Bath BA1 3NG

# uture

Alternatively, you can be more hands-on and stand to be elected as a Governor, and help us better understand, and respond to, the views of our patients, staff and the local community.

“We have a definite vision for the role of NHS Foundation Trust Governor,” says Membership Manager Roxy Poultney: “It is to question, challenge, and advise the Board of Directors, whilst being an active part of a successful and innovative NHS Foundation Trust.

“Our aim is for the local community to have more of an influence on the future services offered by the RUH. By developing a direct relationship through the elected public Governors, we will be able to give the public a greater voice in how it is run.”

Public and Staff Governor elections will be held from July and all members are entitled to a vote.

## Signing up is easy

You can collect a membership form from the hospital's Atrium, or from any of our patient waiting areas. It is also quick and easy to sign up online and you can do so by visiting our website and following the *Becoming a member* link.

We will send you information on any aspects of the NHS Foundation Trust of interest to you. As a member, you will also have access to NHS Discounts, an online service offering discounts on a broad range of products.

## Keeping in touch

**We're doing our bit to reduce our costs and our carbon footprint. You can help us simply by asking us to keep in touch with you by email.**

We have joined forces with NHS Forest\* to plant a tree for every ten members who are happy to supply their email address, which will allow us to keep in touch electronically rather than by post.

We'd prefer to keep in touch by email if we can, though there will be times when we have to communicate by post, in the forthcoming Governor elections for example. Currently 1,849 public members have shared their email address with us and we want to increase that number. So if you have an email address, let us know!

We will not inundate you with emails, we'll send out only our quarterly

newsletter and information related to forthcoming events that will be of interest. Communicating by email will help us to save money and reduce our impact on the environment.

To tell us your email address, contact the Membership Office using any of the methods shown opposite. If you are sending an email, please entitle it 'I'm changing to e-comms' so that we can identify how many trees NHS Forest will need to plant.

\* The NHS Forest is an exciting national project coordinated by the Centre for Sustainable Healthcare, to improve health of staff, patients and communities through planting trees on or near to NHS land. You can find out more by visiting their website [www.nhsforest.org](http://www.nhsforest.org)

## Stand and deliver

**Help us shape our future by standing for election to our Council of Governors. We are hoping to begin our Governor Elections in July 2012.**

During the election process, all members will receive a 'notice of poll' inviting them to put themselves forward as a candidate on the Council of Governors. As a member, even if you do not wish to stand as a Governor, you will be entitled to vote for a candidate to represent your views.

In light of the upcoming Governor Elections it is important that we have the correct details for all our NHS Foundation Trust members. By law all election voting packs must be sent to your home address.

If you have moved house since registering with us and not let us know, then your details may not be up-to-date on our system. Please fill in, tear-off, and return this slip to our Freepost address so that we can update your details before the elections begin.

### Notification of Change of Address

Name: ..... Old postcode: .....

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# Caring for you: A trip to the

**We recently gave members of the public, who have signed up to become members of the NHS Foundation Trust, a glimpse behind-the-scenes in some of our operating theatres.**

Our guests were all eager to experience a revelatory tour of the Day Surgery theatres and their enthusiasm was sure to have been influenced by the fact that they were visitors rather than patients!

Under the experienced guidance of Theatre Practitioners Sheila Allison, Dawn Richards and Chris Whittock (top right), our visitors explored each of the five Day Surgery theatres, and other areas used by operating staff, asking lots of questions.

Following the tour, a very animated group gathered in the Day Surgery staff room for a stimulating discussion on all they had seen and heard. They were surprised at the ratio of staff-to-patient required during and after an operation: there's a surgeon, an anaesthetist and anaesthetic assistant, a scrub practitioner and two circulating practitioners. Then there's the one-to-one care in Post Anaesthesia Care Unit (PACU), as each patient comes around after their operation. That's seven trained members of staff to each patient.

Acting Theatres Manager, John Hughes, was delighted by everyone's enthusiasm and fascination: "It was encouraging to see members of the public taking such an interest in their local hospital, and especially in an area that can be so unnervingly represented in the media."

John has worked in Theatres for over 20 years and knows all too well how upset people can feel at the prospect



*A theatre in action - a side our public don't see*

of going for surgery: "There are a lot of myths about surgery and how awful it can be. It was really gratifying to have the chance to allay some of the fears that are understandably so common place among members of the public."

John and his team were able to reassure our visitors about the level of care that goes into ensuring that the environment is safe and clean. Theatre staff carry out a series of important procedures before and after every

operation. These include the World Health Organisation Patient Safety Checklist; a 'final' check immediately before anaesthesia and immediately before surgical incision, and cleaning and infection control protocols. "I think people were surprised and relieved to find out how seriously we consider these issues, and how much care goes into making our patients feel as comfortable, secure and relaxed as possible."

The consensus from the group was

# theatre



## Looking at **breast cancer**

**This latest Caring for You event focused on one of the most life changing and emotive conditions – breast cancer.**

Guests had a unique opportunity to spend time with leading specialists and members of the breast cancer care team, to learn more about breast cancer and to seek answers to all the questions they've ever wanted to ask.

Dr Dorothy Goddard, the hospital's lead Consultant in Diagnostic Breast Imaging, talked about the link between breast cancer and family history, the different types of surgery, reconstruction and

prostheses available at the RUH, and about breast care nursing in general.

Guests also watched a very powerful DVD that detailed each step of a patient's care, and the extraordinary lengths staff take to provide a high quality service. After seeing it, several of the guests commented how excellent, and moving, it had been to see care from a patient's point of view.

Dr Goddard says: "Breast cancer affects thousands of men and women every year and this event gave members of our community the chance to find out more."

that the tour was a reassuring eye-opener. Visitor Sue Etcheverry said that she found the tour extremely interesting and enlightening: "I am sure that involving members of the community in the workings of the RUH will be most beneficial for all concerned. I look forward to the next event."

There are more Caring for You events planned throughout the year. Take a look at the diary dates opposite.



*Breast Clinical Nurse Specialist Cherry Miller discusses a breast implant with one of our guests*

### INTERESTING FACTS

- In the 16 operating theatres across the Trust, 20,000 operations are carried out each year
- For each operation there will be at least seven members of staff involved in the care of a patient. That's more than 140,000 hours of staffing per year
- The last sense to go while under anaesthetic is your hearing, and it is the first thing to return as you start to wake up. It remains a mystery why this is the case
- We do not have a theatre 13!

## **Caring for you** Diary **dates**

### Dates for 2012

17 July

20 September

29 November

### Topic

Diabetes

Pain Management and Surgery

Men's Health – Urology and Cardiology

Remember, these Caring for You events are exclusively for NHS Foundation Trust Members. For more information, or to book yourself a place, please contact the Membership Office. We look forward to hearing from you.

# All about Martin

**Critical illness is often a sudden, unexpected emergency, which in a matter of hours can change the lives of both the patient and those they are close to.**

Someone who knows this only too well is 16 year old Martin Graham from Longwell Green in Bristol. What his family first thought was a common cold turned out to be life-threatening.

Martin spent seven weeks in intensive care at the RUH with a rare illness that causes paralysis of the body. He was diagnosed with Guillain-Barre syndrome; a serious disorder that occurs when the body's immune system mistakenly attacks part of the nervous system. This leads to altered nerve function that causes muscle weakness.

Martin's mum, Lana, takes up the story: "Martin had a cold which wouldn't shift, but when he started to suffer a tingling sensation in his feet and legs, I was worried it might be something more serious.

"We brought him to the RUH and doctors diagnosed the disease and, because his breathing was worsening as a result of the paralysis moving to his chest, they moved him to intensive care to be supported by a ventilator. He had to have a tracheotomy, which meant he couldn't speak for himself.

"Throughout the whole time he was at the RUH, he received the best possible care to help him recover. The doctors were completely switched on about Martin's condition, and knew how to manage his rapid deterioration. They explained everything that was happening, and why, in a way that was understandable and kept us all very calm.

"An Intensive Care Unit can feel like a very daunting place with all the beeping machinery, but the warmth



*L-r: Martin, mum Lana, Matron Neil Boyland, Senior Sister Margi Jenkins, Senior Neuro Physiotherapist Pete Bishop and Junior Sister Rosie Corbett*

of the staff in ITU soon helped us feel comfortable. We spent time there every day and we always felt that Martin was in very safe hands. As Martin was only 16, and likely to be in ITU for some time, the staff suggested, and arranged for, a board to be set up where we could display get well cards and family photographs, and to make his bed-space as much of a bedroom as we could. The staff bent over backwards to make Martin's experience of intensive care as comfortable and as easy to cope with as possible.

"Thanks is never going to be a big enough word for the debt we feel we owe to the small army of staff who cared for Martin; nurses, doctors, physiotherapists, neuro-physiotherapists and speech therapists, who were all so dedicated in getting him back on his feet again."

Dr Tim Cook, one of the Consultants who looked after Martin on intensive care said "Martin was a pleasure to treat. GBS is a very frightening and

sometimes very painful illness. Martin managed all the unpleasantness of the illness (and the necessary treatment of it) with great fortitude and immense character. I know the nurses and physiotherapists, who play a central role in managing someone with a long-term neurological condition on ITU, genuinely enjoyed treating Martin. Some even described him to me as inspirational."

After recovering enough to no longer need a ventilator Martin was transferred to Frenchay Hospital in Bristol for a further three weeks in rehabilitation. He has now been discharged and continues to make an excellent recovery.

His family and friends have subsequently raised over £2,000 for the RUH Intensive Care Unit, which will be used to purchase a device called an electronic larynx. Martin was able to attend a fundraising concert organised by his friends at Broadlands School, and his rugby club Stockwood Sharks, organised a sponsored run. Other generous donations were pledged via a just-giving webpage.

## A SURVIVOR'S VIEW

Martin's situation struck a chord with Mr Chris Leggett, who wrote to Martin after his condition made the regional headlines: "Many years ago I was a fit, young RAF officer training to fly the Vulcan. One winter in the late 60s, following a week of training off the coast of Cornwall to simulate crash-landing in the sea, I caught a cold. A week later I was flat on my back unable to move. I was diagnosed with Guillain-Barre Syndrome and was sent to a hospital in Oxford for seven weeks; on a respirator, fed through a tube up my nose and pounded on a daily basis by 'friendly' physiotherapists.

"Eventually, everything gradually returned and I was sent to the Defence Rehabilitation Centre at Headley Court where after much sweat and tears, I improved my level of fitness. Two years later - so some patience is needed - I was classified as fully fit, regained my aircrew category and went back to flying the Vulcan. I was able to follow my career in the RAF, retiring after 37 years at the age of 56. I was also able to return to playing sport; basketball, hockey, football and athletics. I'm now nearly 70 and, apart from arthritis everywhere, am fairly fit.

"Guillain-Barre Syndrome is a very frightening illness, especially for family and friends - at one stage my wife was told that I was unlikely to survive the journey from the RAF hospital at Wroughton, near Swindon to the Oxford hospital. I would like you to tell Martin and his family that, given sufficient time, everything should return to normal. It did with me. I wish him the very best for the future."



# A voice to be heard

**Some patients – like Martin Graham (see opposite) - who come into the intensive care unit with breathing difficulties, may need to have an operation performed by the intensive care doctors or a surgeon to create a tracheostomy; an opening through the neck into the trachea (windpipe). A tube placed through this opening can then be directly connected to a ventilator to help a patient breathe.**

Patients who are dependent on a ventilator cannot talk, and not being able to communicate even their simplest needs puts them under a lot of psychological pressure. They can become frustrated, depressed and withdrawn. Fortunately, when a patient's strength is improving this can be alleviated by a seemingly simple medical device, called a Passy Muir Speaking Valve or PMV.

This one-way valve attaches to the outside opening of the tracheostomy tube; it opens when the patient breathes in and closes when the patient breathes out, allowing air to flow past the tracheostomy and out through the vocal cords, enabling speech.

As well as empowering speech and thereby reducing anxiety levels, the PMV improves oxygenation, a sense of smell and taste, and appetite returns, and patients are better able to swallow.

Lana, Martin's mum, said that it was wonderful to hear Martin's voice after days of not being able to communicate properly. She says: "Initially Martin used a device called an electronic larynx; when held against his throat it allowed 'electronic' sounding speech. It helped his morale in those early days. Then as his chest got stronger, a Passy Muir Speaking Valve was fitted to the tracheostomy. To hear his voice again was amazing, he could tell us what he was feeling inside and it was a massive benefit to all of us. It took a couple of days for Martin to get used to

speaking and breathing at the same time, but he got to grips with it and was soon chatting away."

Annie Malpeli is a Senior Sister in ITU and she was one of the team responsible for Martin's care. She has been a critical care nurse for over 20 years and is very passionate about the benefits of the PMV. Annie has written policy and trained staff in the use of the valve and has also presented at a national critical care conference. She is hoping to be published in a critical care journal in the next few months.

Annie says: "Patients who are unable to express themselves can be frustrated, angry, distressed, or closed off and withdrawn, and give up hope of getting better. It's difficult for the relatives too, as they can't communicate with their loved ones.

"We've seen what a difference the PMV can make. It turns patients around psychologically, gives them back some control – they can tell you what they want - and it helps their recovery. To hear a patient speak again is quite unforgettable – they sometimes think they've lost their voice forever. Often the first words spoken are 'I love you'."

## FACT FILE

David Muir, a 28-year-old quadriplegic, was credited with inventing a valve that helped restore speech to thousands worldwide. At age five, his condition was diagnosed as Duchenne's disease, a progressive muscular dystrophy that left him without speech. When David's condition forced him to begin breathing through a ventilator, he lost his speech, which greatly frustrated him. So he began to study the equipment he was hooked up to, and from that he designed a prototype for the valve that would allow him to speak. The Passy-Muir Tracheostomy Speaking Valve was born. Sadly, David died in September 1990.

## Yours sincerely

It's always pleasing to receive positive feedback from patients and their relatives for the support and care they receive from our staff and the Trust frequently receives letters of praise and thanks. Some also appear in the local press. Here are extracts from a few.

**Mr Robert Williams from Trowbridge** wrote to say how well he had been treated by all those who attended to him in the Urology Department and the Stroke Unit: "I could not have had better care, nothing has been too much trouble for your surgeons, doctors and nurses who have been kindness itself."

**Mrs Margaret Glover from Bristol** wrote to say: "Although all members of staff were very kind and caring, there was one Healthcare Assistant in particular who not only put my mind at ease, but took all the fear and panic away by the way she talked about how she loved her job, and how every part of it was rewarding to see her patient cared for and comfortable. Her name is Claire McLachlan and I felt I had to write to commend her for her bedside manner, care and dedication. I cannot thank her enough. Bridget, Tracy, Olivia, Kerry, Kelly, Lesley, Erin and all the others were also very kind. Thank you to Ally, Holly and Meya for making me laugh. I especially mention Ally Gallagher who will make a first class nurse once she is fully qualified. I give my sincere thanks to them all."

**Mr Stuart Paulley from Oldham** wrote: "My wife and I were very impressed with the care my mother received on Helena Ward. Dr Subramanian was very approachable and it was good to be able to speak to the same doctor each time we visited. Please convey our thanks also to the patient transport department where the staff were very considerate and helpful in arranging transport for mum to come to Oldham. We also received much support from hospital Social Worker Sandrine Humphreys. Nothing seemed to be too much trouble for her. Finally we would like to express our thanks at the 'joined up' nature of the hospital and the other services with Bath and North East Somerset. Communication between the various sectors was very good."

**Mr T Swan from Bath** wrote to thank us for his care after he was taken suddenly ill. He came through the Emergency Department and eventually was a patient in ITU. He believes staff worked a minor miracle. "I want to praise wholeheartedly the actions and behaviour of every member of staff with whom I came into contact. Their dedication deserves the highest accolade and I cannot thank them enough for what they did for me."

**Mrs E Bolton from Melksham** wrote to tell us how extremely well she was treated by all our staff here. "This was my first experience as an inpatient. I received nothing but help, kindness and patience from the doctors, nurses, carers, clerical workers and people who fed me so well. You must be very proud of them all."

**Mr P Moulson from Westbury** wrote: "I want to take this opportunity to applaud the kindness and professionalism of the entire staff on the Cardiac ward, from the cleaners to the clinicians. It is this dedication to duty that makes our NHS service what it is today and I am very thankful, and fortunate, to have benefited from the service. Keep up the good work."

**Mrs De Monterey from Hinton Charterhouse** wrote: "I recently had cause to be referred to Gastroenterology for an investigation and was understandably anxious about the procedure. I write to say that my experience was entirely positive. The department was obviously very busy – but well organised. Staff were professional and polite, introducing themselves and welcoming me, providing much reassurance. The nurses helped make me as comfortable as possible. The 'new to me' standard of giving results immediately (where possible) is much appreciated too – getting around the anxious wait we used to experience for all tests. All in all, a really positive experience so a big thank you and well done to all."

# New wards... new nurses needed

**We are recruiting extra nurses and opening two wards. The 28-bed and 15-bed wards, coupled with additional beds on some existing wards will mean the hospital will have an extra 56 medical beds – taking it to a total of 606 beds.**

To staff the wards with registered nurses and healthcare assistants, we have relaunched our Proud to be a Nurse recruitment campaign and during June there is an Open Day for recruitment and to give people interested in working at the RUH, an idea of what may be on offer.

Chief Operating Officer Lisa Hunt says: "Our staff are integral to the delivery of our services and as we continue to see increased numbers of emergency admissions, we need more staff and more beds. The RUH is a fantastic place to work with a number of benefits, not least the chance to provide high



*Proud to be a nurse; Matron Julie Stone: "I knew I wanted to be a nurse when I was 12 years old. It's a privilege to be involved in a person's care."*

quality care and ensure that every patient matters. We are looking to recruit people who are dedicated to providing excellent care, to help us continue to be recognised for delivering the highest quality hospital care for the people of Bath and North East Somerset, Wiltshire and Somerset.

We recently celebrated National Nurses Day - held on the 12th May each year - the birth date of Florence Nightingale. She made many reforms to nursing and health care and drastically cut the death rate amongst soldiers in the Crimean War as a result of her hard work, dedication and training of fellow nurses. Throughout the day, a number of nurses helped support the event; a quick calculation showed they had clocked up an amazing 2,446 years of nursing service between them, many of which were here at this hospital.

Our Chief Executive James Scott wrote to all our nurses to say: "Your professionalism, enthusiasm and commitment to patient care, are qualities of which we are proud. Our patients and their relatives also recognise these qualities and many take the time and trouble to write letters to me or thank the hospital through the local press.

"On behalf of the Trust Board, I would like to publicly thank you all and to underline how much we appreciate the important contribution that nurses make to the successes of the RUH."

You can find out more about working for the RUH by going to our website, [www.ruh.nhs.uk/careers](http://www.ruh.nhs.uk/careers)



*Research Nurse Louise Tew, Director of Nursing Francesca Thompson and Junior Sister Anuska Cranch*

# New Dermatology Unit opens



## Staff welcomed patients to our new, purpose built Dermatology unit, which opened last month.

One patient who is particularly appreciative of the new facility is Jess Ball, from Whiteway in Bath. Jess (above left) has rheumatoid arthritis and an auto immune skin condition, which is complex to treat. She has been coming to the Dermatology unit for 6½ years, sometimes on a daily basis. She says she cannot praise the care she has received highly enough:

“When I first came to the unit, my leg was badly ulcerated and if the staff had not intervened when they did, I would have lost my leg. The knowledge that they have is incredible and I feel very supported. There have been times when I don’t know how I would have managed without their skill and care, and their wonderful sense of humour.

“The staff deserve this lovely new unit. It feels very light and spacious and welcoming, and patients and staff are sure to benefit from it.”

The Dermatology unit runs consultant and nurse led clinics and a comprehensive day treatment service. They see a huge variety of conditions from psoriasis to skin cancer and provide phototherapy, patch testing, topical treatment and leg ulcer dressings, among other treatments. The staff treat between 30 and 40 patients a day in the day treatment facility alone.

Senior Sister Jacky Strange (second from right) says: “This is the first time Dermatology has been in a purpose built unit in the RUH. We had outgrown the Kinghorn Dermatology Unit, which was converted for our use with a generous bequest from the late Sheila Kinghorn, back in 1994.

“We’ll continue to provide a high standard of care to our patients, but now we can do that in a light and spacious environment, that offers greater confidentiality. And having the extra space will allow us to expand and treat a greater number of patients.”

## Take a break

Answers to last issue’s puzzles

### Crossword

1 Cheers, 5 Gulliver, 9 Graffiti, 10 Prompt, 11 Starlight, 12 Asher, 14 Porter, 16 Max Ernst, 18 Bayreuth, 21 Top hat, 23 Faust, 25 Haymarket, 28 Renoir, 29 Sinfonia, 30 Symphony, 31 May day. 2 Horatio, 3 E M Forster, 4 Sci fi, 5 Grisham, 6 Lips, 7 Icons, 8 Express, 13 Exit, 15 Roux, 17 Repertory, 19 Academy, 20 Hearsay, 22 America, 24 Scoop, 26 Minim, 27 Trio

### Guess who?

Agatha Christie

# 'Netting' surgical care

**John Budd, a consultant surgeon at the RUH, has recently returned from Ghana in West Africa, where he and his colleagues operated on 94 patients in five days, in very primitive conditions.**

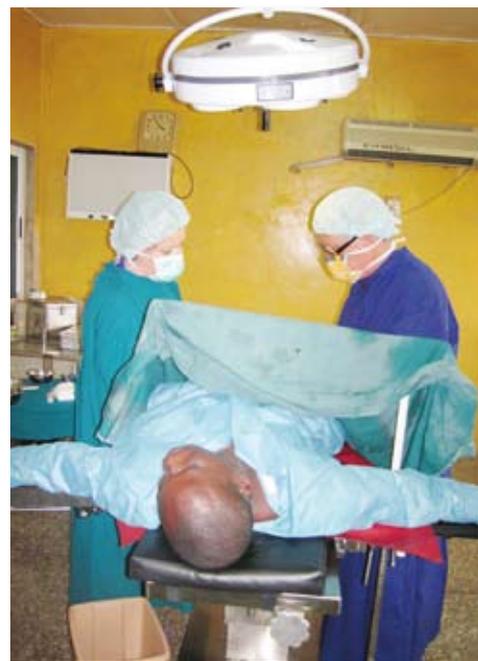
John led a team of four multinational surgeons in performing inguinal hernia surgery. Hernias, which often develop in childhood, are a public health problem in many low income countries and are rarely treated due to the lack of hospitals and surgeons. In Northern Ghana there are ten times as many patients with untreated hernias compared to an equivalent population in Europe. As a result, a significant number of people die or suffer permanent disability because these untreated hernias can go on to become gangrenous.

John travelled to Ghana with his wife Anna, a Practice Nurse at Batheaston Surgery, who volunteered as a theatre scrub nurse. They stayed in the town of Bole in the north west of the country, which houses many refugees from the civil war in the Ivory Coast and is

among the poorest areas in Ghana.

Announcements on the radio and in newspapers brought in patients from villages within a 50-mile radius of Bole. Utilising two very basic operating theatres, and in conditions that would horrify our own infection control nurses, the team operated on both adults and children.

The operations were carried out slightly differently to how they are performed in Britain, as John explains: "We treated the patients using sterilised mosquito nets to repair their hernias. This mesh is gradually becoming more widely used to repair inguinal hernias in underdeveloped countries. It gives similar results to the conventional Nylon mesh used in the UK but is much cheaper. It costs around £30 to use a commercial mesh whereas it costs less than 1p to use a mesh obtained from a sterilised mosquito net.



As well as operating on patients, the group also taught healthcare professionals in Bole how to perform the mesh hernia repairs. "As well as providing much needed hernia operations, we hope that our time in Ghana allowed the medical professionals in Bole to develop and build up their own skills in mosquito-mesh hernia surgery.

"It was extremely rewarding to see how much our efforts were appreciated by the patients, and we were impressed by how happy all of the Ghanaians seemed to be even though they lived in relative poverty. It was a very humbling experience and one that Anna and I will definitely be repeating."

The mission to Ghana was made possible through the foundation 'Operation Hernia', which recruits volunteer surgeons, nurses and other healthcare professionals from across Europe. The charity operates similar volunteer programmes in Nigeria, Malawi, Mongolia, Ecuador, Peru and Moldova.

John and Anna were supported by BMI Bath Clinic who donated £1,000 worth of medical supplies for the mission.



*John (far right) and his colleagues and the rest of the team*

# Going home

**Going into hospital can be a difficult time for many people, but it can make the experience less stressful if they know that the right support is in place when they are ready to leave.**

From the time a patient is admitted to the RUH, staff will be working to put that support in place, in order to help reduce any unnecessary delays. The effectiveness of discharge planning is enhanced by partnership working with health and social care colleagues in the wider community.

One such organisation that has been assisting the hospital in this work is Bath and North East Somerset's Care and Repair service; an agency which provides a range of services to enable people to continue to live safe and secure in their own homes.

Care and Repair initially began working with our Discharge and Therapeutic Evaluation (DATE) team, who are based in the Medical Assessment Unit. The DATE team focuses on patients admitted to the unit who are likely to have quite complex needs once they leave hospital.

Therapies Manager Maggie Depledge, who leads the DATE team at the RUH, explains: "One aspect of discharge planning is to look at what practical support may be needed in the home. For example a patient may require additional handrails to allow them to safely negotiate steps or stairs. If we can sort out this kind of issue at an early stage, chances are that we can reduce the length of time a patient needs to stay in hospital unnecessarily.

"It makes perfect sense to involve Care and Repair from the beginning. If it's required, they can provide a free Home Safety Check and attend to small, urgent jobs, such as tacking down loose carpets, fixing banisters etc., before a patient leaves hospital. Their support



David Donaldson with the DATE team and Discharge Liaison

will help us to provide a more efficient service to our patients."

Thanks to the success of the initial partnership with the DATE team, the Care and Repair service is supporting patients from across the whole hospital, and many ward areas are recognising the value of the service they offer.

David Donaldson (above), a Senior Caseworker for Care and Repair, thinks that working closely with the RUH, will not only enhance the discharge process, but will also prevent readmission: "So far, we have had 28 referrals from hospital staff and, following Home Safety Checks, we have been able to identify and reduce hazards for each of those patients.

"We don't really need to see the growing evidence that highlights the link between poor housing and risks to health. Common sense tells us that making the home environment safer will help reduce the risk of an accident or an illness that may result in a hospital stay."

Care and Repair offers a wide range of practical services designed to support elderly, disabled and vulnerable people and enable them to continue to live safe, warm and secure in their homes. They provide advice to individual clients and are also involved with many local authority schemes.

The Care and Repair Service also work closely with Age UK who deliver a Home from Hospital scheme, and their service is available to other hospitals, as well as to any vulnerable person in the community aged 18 - 99+. **They can be contacted on 01749 345379.**



Chris Thorne from Care and Repair fitting a handrail for Mrs Fields from Bath, she says: "This hand rail will help me to be more independent."

# Moving on

**As the number of people living with and beyond cancer increases, so does the challenge to support them to lead as normal a life as possible, for as long as possible. It's something staff in our Breast Unit are striving to respond to.**

Cherry Miller, Breast Clinical Nurse Specialist, says: "As you would expect, we are here to care, guide and support patients through from diagnosis to treatment. But we also aim to help patients who have completed their treatment to look beyond.

"A diagnosis of cancer of any type can be a devastating blow. Breast cancer can involve a series of treatments which include surgery, chemotherapy, radiotherapy, hormone therapy and targeted therapies. The side effects from such treatments can cause patients to experience difficulties on a physical, psychological, emotional and social level.

"Recently patients, their carers and their families attended a 'Moving on' day at

the RUH, where the emphasis was very much on looking to the future. They spent the day with a group of health professionals who were there to offer strategies on how to get their lives back.

"As well as advice on such things as homeopathy, management of fatigue, effects of treatments, nutrition and diet, patients talked with a clinical psychologist to help them to look forward. It was also an opportunity for patients to share their experiences, which they found extremely beneficial."

Dr Dorothy Goddard, Lead Clinician for the Breast Unit, is also the national clinical adviser for breast cancer on the National Cancer Survivorship Programme. "We need to ensure that those living with and beyond cancer get the care and support they need to lead as healthy and active a life as possible.

"We've had a very positive reaction to the 'Moving on' day and we are planning to run another later in the year."

## A PATIENT'S VIEW

Patient representative (and former patient) Vicky Sander says: "We welcomed the opportunity to meet with others who had gone through similar experiences. Many of us had not yet fully come to terms with having breast cancer. We all felt we were given amazing support during the acute and treatment stages but in the longer-term, at home and away from the hospital, we felt more alone and not clear if what we were experiencing, both physically and emotionally, was 'normal'.

"This was a very reassuring day with sessions run by specialists from within the hospital and further afield. We were given lots of useful information, and practical advice on making healthy choices. It clearly fulfilled the need we all had to move on with our lives with confidence. It would be so good if all future breast cancer patients could have the opportunity to attend a 'Moving on' day in the future."



## FACT FILE

Breast cancer is now the UK's most common form of cancer for women. In 2009, 48,788 people in the UK were diagnosed with breast cancer.

On average the RUH diagnose and treats around 350 breast cancers a year. Breast cancer also affects men, albeit in a smaller number.

There are currently 1.8 million people in England living with and beyond cancer, and two million across the UK as a whole. This number is likely to grow by over 3% per year, reflecting the increasing incidence of cancer and better survival rates. By 2030 there are likely to be around three million cancer survivors in England.

## RUH needs your help with patient information

We are inviting members of the public to help review the information we provide to patients who come to the hospital.

As a member of the Health Information Group, you can have some input into what patient information is produced and how, in order to ensure we continue to deliver a high standard of patient information.

Helen Robinson-Gordon, the Trust's Head of Communications says: "We're interested in listening to people's ideas and suggestions to ensure we provide the best information in the most appropriate way. The Health Information Group could help us strengthen the way we communicate with our patients and visitors. We would hope that involvement like this will help ensure we provide the right sort of information in the right way for all our patients, carers and visitors, to improve their experience at the RUH."

So, do you have a view on health information? Would you be interested in influencing how we produce information for you as a patient or a visitor? Or just as someone interested in communicating well?

If you are interested in joining the group please email [RUHcommunications@nhs.net](mailto:RUHcommunications@nhs.net) or telephone 01225 825799 to register your interest or to find out more detail.

You can look at some of our current range of information by going to [www.ruh.nhs.uk](http://www.ruh.nhs.uk)



Charlotte Scully with colleague Luke Champion enthusiastic about recycling

## Reducing our carbon footprint

**The RUH is making great strides in reducing its carbon footprint by sending much less waste to landfill.**

In the last financial year, 723 tonnes of waste was recycled, compared to 482 tonnes for the same period in 2010-11, meaning far less went to land fill sites.

Staff at the hospital routinely separate waste such as plastic, paper, steel, aluminium and glass for recycling.

Luke Champion, Environment and Sustainability Manager, says: "This is a fantastic achievement. It clearly demonstrates that increased recycling and improved waste segregation results in significant cost savings and environmental improvements.

"Selling our waste brings in income too. Things like cardboard, scrap metal and lead acid batteries have generated over £5,000. Combined with a cost saving of £32,300 from reduced landfill waste, it is all money that can be reinvested in improving patient care.

"Our staff have really embraced recycling; it's become part of our culture

here. It's their commitment which is making such a difference."

Recycling is just one example of the RUH actively reducing its carbon footprint. The most significant contribution has been made by the Trust's Energy Centre; a gas-fired combined heat and power plant that replaced inefficient steam boilers, which opened in September. A reduction from 15,000 tonnes CO<sub>2</sub>e to 12,000 tonnes has already been achieved, and the hospital is on target to reduce its footprint even further, to 10,000 tonnes CO<sub>2</sub>e.

The hospital will continue to increase its recycling output and make further reductions in landfill waste in 2012. The purchase of a biodigester machine will make for more efficient disposal of food waste, and more recycling bins will be provided across the site.

You can visit the hospital's website [www.ruh.nhs.uk](http://www.ruh.nhs.uk) for more information, click on the *Team Green* icon.

# Giving a **helping hand**

## Friends of the RUH update

### Weston Village 'Open Gardens'

This year's Open Garden event will take place on Sunday 10 June, between 12pm and 5pm, and we are delighted that the Friends of the RUH will be the chosen charity.

Home owners in Weston village near the hospital will open their gardens to the public and this year, for the first time, some of our own hospital courtyard gardens will be featured in the scheme.

Visitors will be able to wander in these lovely green spaces, which have been transformed by a dedicated team of volunteers, supported by charitable donations from the Friends of the RUH.

Some of the gardens will have the added feature of musical



entertainment, which will also be going on in the hospital's Atrium. There will be dancing from the Mr Wilkins' Shilling Morris Dancers, and musical and song performances. Tea and cakes will be served in the Friends Coffee shop.

You can purchase a ticket for £4 if you buy before the day, or £5 on the day, and then you can visit all the gardens. Tickets are available from the Friends shop, Weston Fruit Shop and Kit Johnsons in Weston High Street.



### Shops are a **success**

*The Friends of the RUH thank staff, patients and visitors for supporting both the shop and the Coffee shop. Profits go towards the purchase of patient amenities and equipment at our hospital.*

### Summer 'Olympic' Fete

The Friends Fete is fast approaching and we hope to see you all on Saturday 14 July from 1-4pm, at the front of the hospital.

This year's theme is based around the Olympics, so please do come in fancy dress. There are prizes for the best dressed in any sporting costume, let your imagination run wild! There will be something for all the family; stalls to browse, gifts to buy, live music, children's entertainment and a raffle. Entry is just 50p and money raised will go towards the purchase of specialist pressure relief chairs for patients. Raffle tickets go on sale in the Atrium in June.



Volunteers Fran Jarvis and Maureen Walker

### Thank you

The recent Friends Coffee morning was a great success, we raised over £100. So thank you to all of those who baked cakes for the event, and to those who came along to eat them! It was a very pleasant and sociable morning.

# Art

at the Heart of the RUH

**People who enjoy the varied art exhibitions that have been hosted at the Royal United Hospital are in for a real visual treat this summer.**

We have a new, exciting exhibition programme which includes 90 framed photographs from the Royal Photographic Society's Visual Arts Group Members. Subjects from still-life, landscape and architecture, to portraiture and macro-photography are on display. The prestigious exhibition is running now until 15 July 2012, after which it will be shown at various locations around the UK.

There will also be paintings by Judy Rodrigues. Judy creates large, light abstracts on canvas and also works with mixed media on paper. She is inspired by nature and poetics.



## **Art Sparks Meadow Project**

Edwina Bridgeman has been developing work with our young patients, based on her exhibition 'The Edge of Enchantment', currently at the Thelma Hulbert Gallery in Devon.

Edwina has created a meadow from recycled paper, card, net, string and paint (see our cover), and the children are using the same sorts of materials to make flowers, birds and butterflies. These creations will be attached to withies, and along with other small characters and animals, will complete a 3D scene which will eventually be housed in a deep frame. Whilst the children have been creating their own artistic meadow, they have been growing their own vegetables in the ward garden and learning all about the importance of caring



for real meadows, which are becoming increasingly rare due to the changes in farming and development.

## **Bed Olympics**

Our young patients will also be creating some Olympic sports that can be played in bed! Working with artists Edwina Bridgeman and Charlotte Stowell, the children will make games, using low-tech, recycled materials.

Arts Co-ordinator Hetty Dupays says: "We can rig up basketball hoops on doors and they have recently made some cardboard cones to use as skittles, these can be set up on tables that lie across the bed. We're delighted that the RUH Friends were able to secure an Olympiad micro-grant from Bath & North East Somerset Council, and this will be used to develop ideas and





make sets of equipment that can be used on the ward. The children will also design and make medals that they can award to each other.”

**Soundbite 2012**

More musical performances and interactive music workshops are lined up over the next three months, generously funded by the Joyce Fletcher Charitable Trust and Superact. Rosanna Campell will lead the music workshops on the wards, and young professional musicians from Live Music Now will perform in the Atrium and on the Older People’s Unit. We’ll welcome Jamie Smith with his accordion and guitar, violinists the Finzi Duo, guitarist Dimitris Dkavallas, and wind duo Aurora.



**If you are a musician and would like to perform at the RUH, email Rosie Campbell, Music Coordinator, [rosanna@musica-music.co.uk](mailto:rosanna@musica-music.co.uk)**



Art at the Heart is a charitably funded arts programme and donations are an important part of our fundraising. If you would like to make a donation to help us maintain and develop the arts programme please visit [www.ruh.nhs.uk/art](http://www.ruh.nhs.uk/art)

All works are for sale with 25% going to Art at the Heart of the RUH.

For all enquires contact 01225 824987 or [hetty.dupays@nhs.net](mailto:hetty.dupays@nhs.net)

## Forever Friends latest

### Fundraising for a new £20m cancer centre

We are gearing up for the next phase of our fundraising for new cancer facilities. The Mad Dash kickstarts the fundraising for the second phase of the 'Space for Cancer Care' campaign, to build a new cancer centre over the next four years. Appeal head Tim Hobbs says: "This is a very exciting period for us as we prepare to launch what will be the main focus of our work over the next four years.

"The proposed new cancer centre, which will open in partnership between NHS and charitable funding, will bring major changes for cancer patients needing diagnosis and treatment at the RUH."

Phase 1, which raised £650,000 for a new Gamma CT Scanner is almost complete.



#### A Mad Dash for Cancer Care

The Mad Dash takes place on Sunday 1 July, in the beautiful surroundings of the Bath Spa University campus. This fantastic 5k cross-country course can be completed by everyone, whatever your age or ability. This is a great way to have fun, achieve a personal goal and raise money to help transform cancer services at the RUH. It's really simple to enter, you can download an application form and find out more about the campaign by visiting [www.foreverfriendsappeal.co.uk](http://www.foreverfriendsappeal.co.uk)

## Bath Rugby choose RUH

Bath Rugby enjoys a special relationship with patients and staff at the RUH. This is reflected in their decision to select the hospital's Forever Friends Appeal as one of their chosen charities.

Over the last season, Bath Rugby has supported the Appeal in its fundraising by making collections at all of the club's home matches. The club has donated over £41,000 to the hospital in the last eight years, and at the end

of the season, they will be presenting a cheque to assist us with the purchase of the new Gamma CT Scanner.

Sue Tucker, who is Development Officer for the Appeal, said: "We are absolutely thrilled to be one of Bath Rugby's chosen charities, it's so important that we have the support of a high profile club."

A visit from the players can really lift the day and patients and staff are always delighted to see them. They are very generous with their time and have made several visits to the hospital, meeting the children in the Pre-School Assessment and Therapy (PAT) Centre, and patients and staff in the Oncology and Radiology department, and NICU.

Pam Burke, Community PR officer for Bath Rugby, says: "The club encourages

players to get involved in the community as part of their personal development; it reminds them that there is another world outside of professional rugby.

"We believe in 'working together' in our local community and our relationship with the Royal United Hospital is a good example of its importance, and of the benefits to everyone involved."



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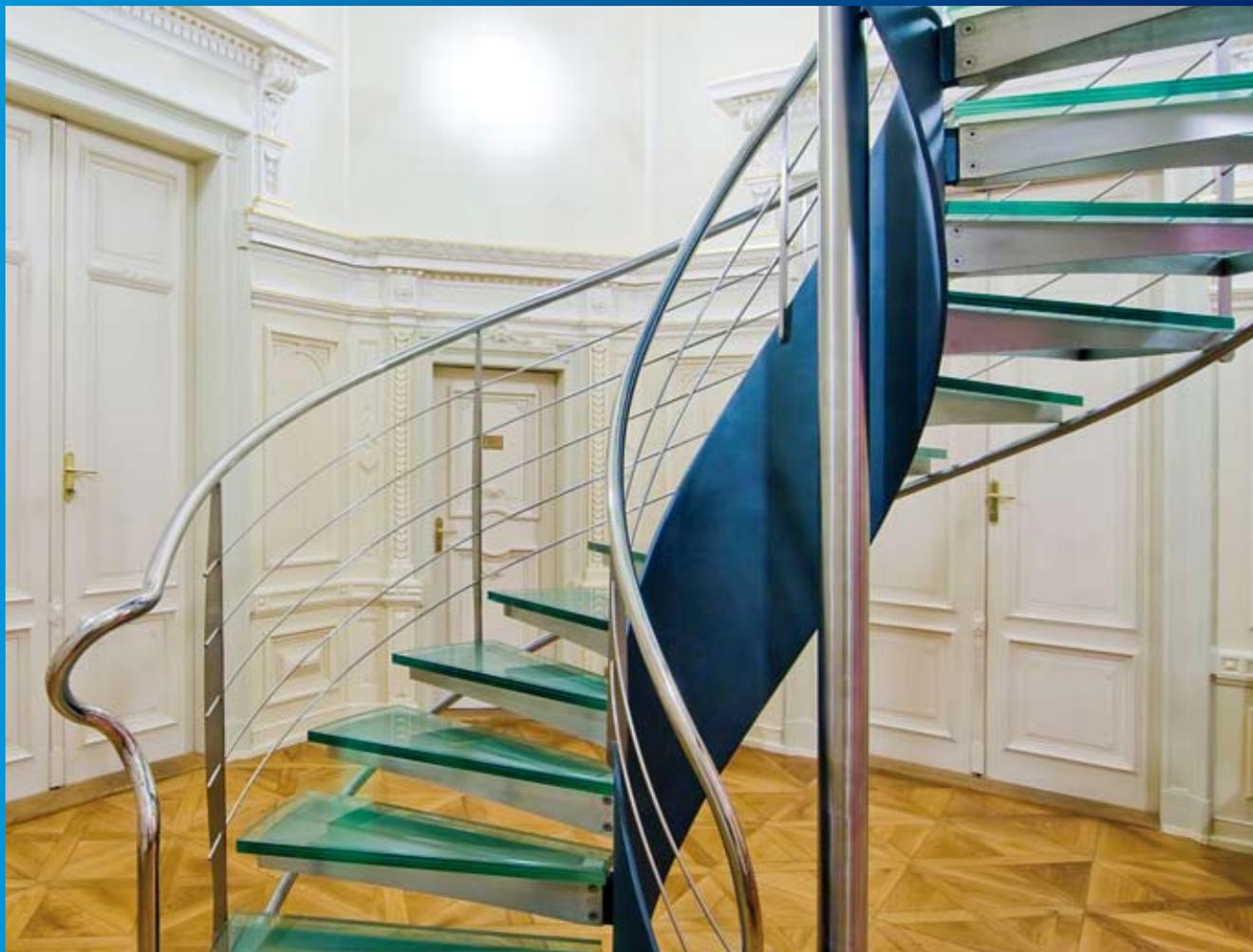
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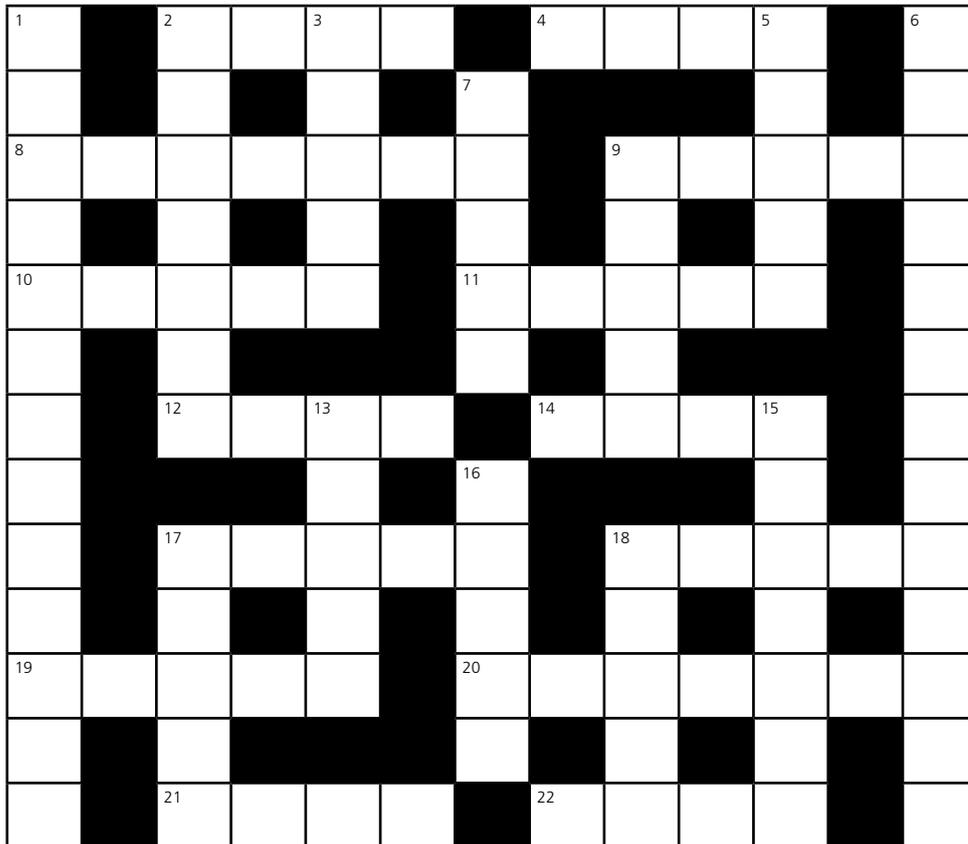
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# Take a break

Settle down with a cup of coffee and a biscuit, grab a pen and ponder over the answers in this movie themed crossword. The answers will appear in the next issue of insight.



**Across**

- 2 Bond actor, \_ Connery (4)
- 4 Lee J \_ was one of the jurors in the 1957 movie 12 Angry Men (4)
- 8 Laurence \_ won an Oscar for Best Actor in Hamlet (7)
- 9 Michael \_ won an Oscar for Best Actor in The Quiet American (5)
- 10 Tim \_ was the voice of Buzz Lightyear in Toy Story (5)
- 11 Actor/Director, \_ Eastwood (5)
- 12 \_ Hayworth starred in the 1958 movie, Separate Tables (4)
- 14 \_ McClure was Lt.Sam in the 1965 movie, Shenandoah (4)
- 17 \_ Puzo won a screenplay Oscar for The Godfather (5)
- 18 Sally \_ was Mrs Gump in the movie Forrest Gump (5)
- 19 Star Trek actor, Leonard \_ (5)
- 20 Horror cinema icon, Boris \_ (7)
- 21 Michael \_ was Basil Exposition in the Austin Powers movie (4)
- 22 Friends character (4)

**Down**

- 1 Marlon Brando was Col. Walter E Kurtz in this movie classic (10,3)
- 2 Night at the Museum actor, Ben \_ (7)
- 3 Sigourney Weaver was Ripley in this 1979 movie (5)
- 5 \_ Eklund was Willow in the 1973 movie The Wicker Man (5)
- 6 Classic movie starring Judy Garland as Dorothy Gale (3,6,2,2)
- 7 Die Hard actor, \_ Willis (5)
- 9 One of the Marx Brothers (5)
- 13 \_ -Thomas was Sir Percy Ware-Armitage in Those Magnificent Men in their Flying Machines (5)
- 15 \_ Peck was Robert Thorn in the 1976 movie, The Omen (7)
- 16 1976 movie starring Sylvester Stallone in the title role (5)
- 17 1992 movie with an Egyptian curse, The \_ (5)
- 18 Frances McDormand won an Oscar for Best Actress in this 1997 movie (5)

## Guess who?

**I was born in North Oxford Massachusetts in 1912, the youngest of five children. Most of my education came from my two brothers and two sisters.**

I became a teacher at 17 and founded my own school six years later. After ten years of teaching, I pursued writing and languages and, following these studies, I opened a free school in New Jersey. The attendance under my leadership grew to 600, but instead of hiring me to head the school, the board hired a man instead. Frustrated I moved to Washington DC and began work as a clerk in the US Patent Office.

With the emergence of the Civil War, I refused to take a salary from the Government's treasury and dedicated myself to aiding soldiers on the front. I obtained camp and hospital supplies, assistants and military trains for my work on the front and practiced my craft exclusively on 16 battlefields.

In 1869 I travelled to Europe and was educated about the concept of the Red Cross as outlined in the Treaty of Geneva and also by observing the Red Cross while travelling with volunteers serving in the Franco-Prussian War. I vowed to establish this work in the US. I expanded the original concept of the Red Cross to include assisting in any great national disaster. I was President of the American National Red Cross for 22 years.

In my lifetime I was decorated with the Iron Cross, the Cross of Imperial Russia and the International Red Cross Medal. My final act was to found the National First Aid Society in 1904.

## Who am I?